



Arkansas Secretary of State

Charlie Daniels

State Capitol • Little Rock, Arkansas 72201-1094
501-682-3409 • www.sos.arkansas.gov

CERTIFICATE OF LIMITED PARTNERSHIP

1. The name of the Limited Partnership is: _____

2. The address of the office of the Limited Partnership is: _____

3. The name and address of the agent for service of process for the Limited Partnership is: _____

4. The name and business address of each General Partner is:

(name) (address)

(name) (address)

(name) (address)

5. The latest date upon which the Limited Partnership is to dissolve is:
Each General Partner must sign this document.

Signed _____
(General Partner) (Address) (Date)

Signed _____
(General Partner) (Address) (Date)

Signed _____
(General Partner) (Address) (Date)

6. Any other matter(s) the General Partner(s) determine to include: